

reviews

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Circumcision: A History of the World's Most Controversial Surgery

David L Gollaher



Basic Books, £17.80, pp 260
ISBN 0 465 04397 6

Rating: ★★★★★

Male circumcision is the most commonly performed surgical operation in the United States. Data for 1996 reveal that no less than 60% of all US male infants were circumcised. In contrast, the rest of the industrialised world has much lower rates of circumcision. In Britain circumcision is performed only for religious reasons or to correct defined medical condi-

tions. How, then, are we to account for such a large difference?

The strength of US historian David Gollaher's approach is that he locates circumcision practices throughout the ages within their social and anthropological context. What emerges is a highly readable account of how circumcision was viewed by such diverse groups as the ancient Greeks and the medieval church. The Greeks abhorred circumcision as it constituted a mutilation of the body, and the medieval church devoted much debate to the vexed question of whether Christ recovered his foreskin on his ascension to heaven.

But the history of circumcision is more than just a collection of slightly ribald stories. What I found most interesting was Gollaher's account of how in the late 19th century circumcision ceased to be the preserve of Jews and Muslims and was transformed, in the United States at least, into a necessary medical procedure that protected against the development of various diseases in later life. One consequence of the germ theory of disease was to see smegma, produced by the foreskin, as infectious

material. What better way to cleanse the male body of disease than removing this harbour of infection.

Circumcision also became an important part of the medicalisation of childbirth. For Gentiles, having one's foreskin removed was a sign of having been delivered by a doctor rather than a midwife, of benefiting from the safe and germ-free confines of the hospital. Doctors also benefited financially, as they could charge for an additional surgical procedure and circumcised infants spent longer in hospital.

As one might expect, Gollaher is strong on the rise of the US anti-circumcision movement from the 1970s onwards and shows quite clearly how the power struggle between the medical lobbies for and against circumcision resulted in a series of conflicting reports from the American Academy of Pediatrics. He has less to say on the UK situation, and I suspect that a historical study of circumcision in 20th century Britain is in order.

Tim Stokes *clinical lecturer in general practice, University of Leicester*

Prophets, Cults and Madness

Anthony Stevens, John Price



Duckworth, £18, pp 256
ISBN 0 7156 2940 9

Rating: ★★

Schizophrenia is puzzling. The strong influence of genetics in its aetiology is not a sufficient and full explanation of why some people become hallucinated, deluded, disordered in thinking, and socially excluded. Its lifetime prevalence, just under 1% worldwide, is also unusual. The question of whether there might be some evolutionary advantage from the condition has therefore led to an increasingly influential evolutionary psychiatry. Stevens and Price

are admirably qualified in this respect, and they have chosen cult leaders as the focus of their inquiry.

While some of the stories are repetitive, the tales of such people as John Forbes Nash (mathematical genius), Bhagwan Shree Raj-nesh, Madam Blavatsky (founder of the Theosophical Society), and the more recent and dangerous David Koresh (of Waco fame) are colourful and informative. The authors suggest this motley crew have two things in common. Firstly, most of them suffered from a form of schizotypal personality disorder, maintaining bizarre beliefs but not sliding downhill into the negative symptoms of schizophrenia. Secondly, such cult leaders had a crucial evolutionary role. Their job was to help with the process of group splitting, so as to break up ancestral communities "when they had grown too big for their resources."

The problem is that, despite a wide range of references and an easily readable style, the authors have a limited historical understanding. For example, they say that schizophrenia was first described in 1806, but numerous medieval doctorates, and of course Shakespeare's *King Lear* (the Tom o' Bedlam scenes), easily give the lie to this. Furthermore, they reiterate the notion that people with schizophrenia have low fertility (in contrast to the sexual hyperactivity of your average prophet), but the evidence for

low fertility is scant indeed. Given that most people with chronic schizophrenia between the mid-19th and mid-20th centuries were locked up in asylums—socially sterilised, so to speak—it is not surprising that they didn't produce many children. In the era of community care women with schizophrenia seem to be having babies galore.

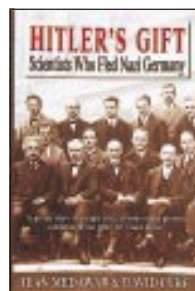
Another problem is the language. The authors talk of "heteropistic dispersal" and "mazeway resynthesis," defining these terms nicely but tending to be dismissive about ordinary psychiatric theorising. For example, they consider the search by psychiatrists for known origins, definable courses, and definite cures in terms of mental illness as "largely an illusion" and insist that the meaning of existence is "an issue on which science remains speechless." They say that therapists "should make use of the energy available for the function's realisation" (by which they mean the biological function of the schizotypal propensity) rather than "attacking it head on," presumably with drugs, social and psychological therapies, and detailed research into brain function. It is that old medical battle between vitalism and mechanism, and prophets' predictions do badly in an evidence based world.

Trevor Turner *consultant psychiatrist, Homerton Hospital, London*

*Reviews are rated on a 4 star scale
(4=excellent)*

Hitler's Gift: Scientists Who Fled Nazi Germany

Jean Medawar, David Pyke



Richard Cohen, £20, pp 268
ISBN 1 86066 172 6

Rating: ★★★

Within three months of Hitler coming to power in January 1933, virtually all Jews in state institutions, which included most universities, had been sacked. Anti-Semitism had been rife in Europe for years, but the scale of the purge was unprecedented; some of the best departments were decimated.

William Beveridge, director of the London School of Economics and "father"

of the NHS, and Lionel Robbins (later Lord Robbins), who were both holidaying in Vienna, devised a rescue plan. They got their staff to pledge a part of their salaries and rallied influential people; a letter to the *Times* signed by 42 distinguished scholars announced the establishment of an Academic Assistance Council with Lord Rutherford as chairman and the neurophysiologist A V Hill as secretary.

Although the British and US governments were cautious about helping because of the economic slump and widespread unemployment, individual scientists like Henry Dale, Gowland Hopkins, J B S Haldane, and J H Burn found places in their laboratories. Frederick Lindemann (later Lord Cherwell) went on a "shopping trip" in his chauffeur-driven Rolls Royce to Germany to recruit likely people for the Clarendon, which badly needed rejuvenating. From the start the Rockefeller Foundation offered invaluable financial support.

Hitler's Gift is the uplifting story of a small selection of the foreign scientists who fled to Britain and the United States to escape Nazi tyranny. Many of the physicists—

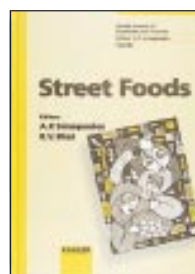
such as Albert Einstein (at one time with a price on his head), Max Born, and Erwin Schrödinger—already had international reputations. As is well known, many were recruited to develop the atomic bomb; the complex theoretical background to this is lucidly analysed in a separate chapter, for which "lay" readers will be grateful. Among the biologists, Wilhelm Feldberg, Hans Krebs, Ernst Chain, and Max Perutz (who provides a spirited foreword) were some of those who contributed to medical science.

This passionate account, by two authors with personal experience of some of the players, is an illuminating and timely tribute. And it was not only scientists to whom we owe an enormous debt; Jean Medawar writes that her late husband, Sir Peter Medawar, transplant pioneer and Nobel laureate, "used to say that the three greatest Englishmen he knew were Ernst Gombrich, Max Perutz, and Karl Popper—art historian, biologist, and philosopher—all from Vienna."

Alex Paton retired consultant physician,
Oxfordshire

Street Foods

Eds A P Simopoulos, R V Bhat



Karger, £75.28, pp 174
ISBN 3 8055 6927 0

Rating: ★★★

Street food is a phenomenon that by its very nature is difficult to describe. The United Nations Food and Agriculture Organisation defined it as "ready-to-eat foods and beverages prepared and/or sold by vendors and hawkers, especially in streets and other similar public places." *Street Foods* consists of a preface by the editors and chapters by different authors describing the situation in Greece, North America, Australia, Asia, Africa, Latin America, Mexico, and Israel. Each chapter addresses the historical development of street foods, socioeconomic aspects, characteristics of vendors and consumers, types of foods, and quality and legislative aspects.

In some cultures street foods are a recent phenomenon, such as in India, where eating foods prepared by another caste used to be forbidden. In many other places they have been present from ancient times. For example, koulouri (a ring shaped bread) and cheese pie are named in theatrical dialogues in the ancient Greek literature. Many different foodstuffs are mentioned in this book—the Greek souvlaki and gyros, the US

hot dog, and falafel, sambusak, and samosa from the countries of the Middle East and Asia. Some of the descriptions are amusing and astonishing. For example, the Australian "pie floater" is a meat pie floating face down in a bowl of pea soup, topped with tomato sauce; the "pani puri" from India is a unique "hand to hand" method of serving in which the vendor presses the puffed puri with the thumb to make a hole and dips it into a vessel containing masala pani, handing it over to the customer and repeating the process several times; the Mexican "jumiles" taco contains live insects (triatomas), which may escape from the tortilla and crawl over the consumer's face.

We know far too little about how much street foods contribute to nutrient consumption, though figures from Western societies indicate that this contribution is increasing. They are poorly regulated in many countries, and the nutritional quality is often low. Of particular concern is the microbial quality, since street foods are thought to cause many of the foodborne infections in both developed and developing countries, although unequivocal evidence for this is rare. Educating producers and vendors of street foods in elementary food hygiene is an important task.

A concluding chapter to summarise the main findings and conclusions of the book would have been helpful, but *Street Foods* contains a wealth of information and is a good introduction to a topic that certainly deserves more attention than it has received to date.

Sjørður F Olsen senior investigator, Maternal Nutrition Group, Danish Epidemiology Science Centre, Copenhagen, Denmark

Hit parade

bmj.com

These articles scored the most hits on the *BMJ*'s website in the week of publication

JANUARY

- 1 **Sifting the evidence—what's wrong with significance tests? Another comment on the role of statistical methods**
2001;322:226-31
26 283 hits
- 2 **ABC of diseases of liver, pancreas, and biliary system: Gallstone disease**
2001;322:91-4
21 342 hits
- 3 **ABC of diseases of liver, pancreas, and biliary system: Investigation of liver and biliary disease**
2001;322:33-6
19 089 hits
- 4 **Recent advances: Geriatric medicine**
2001;322:86-9
16 917 hits
- 5 **ABC of diseases of liver, pancreas, and biliary system: Chronic viral hepatitis**
2001;322:219-21
16 517 hits
- 6 **ABC of diseases of liver, pancreas, and biliary system: Acute hepatitis**
2001;322:151-3
16 255 hits
- 7 **Editor's choice: Some gentle statistics**
2001;322 (27 January)
8 123 hits
- 8 **Science, medicine, and the future: Islet and stem cell transplantation for treating diabetes**
2001;322:29-32
7 955 hits
- 9 **PubMed Central: creating an Aladdin's cave of ideas**
2001;322:1-2
6 849 hits
- 10 **Bioethical aspects of the recent changes in the policy of refusal of blood by Jehovah's Witnesses**
2001;322:37-9
6 091 hits



Fear of frying: power lines and cancer

Those in the media who believe that high voltage power lines and pylons cause cancer in children are like the plucky, armless black knight in Monty Python's *Quest for the Holy Grail*: they just won't give up.

Last week they thought their Christmases were all about to come at once when they got wind of a report not yet published that was "expected to show" that the power lines were killers. Even better, among the authors of the report was none other than Sir Richard Doll, whose every mention noted that he was the first to show conclusively the link between smoking and lung cancer. These electricity doomsayers were about to be vindicated over their perennial story by the Mike Tyson of epidemiology: if Doll said there was danger, there was no turning back.

Except for one tiny problem-ette. The then unreleased report was not actually going to say that. The UK National Radiological Protection Board (NRPB) review (www.nrp.org.uk/Absd12-1.htm) published on 6 March concluded: "There is ... some epidemiological evidence that prolonged exposure to higher levels of power

frequency magnetic fields is associated with a small risk of leukaemia in children. In practice, such levels of exposure are seldom encountered by the general public ... the epidemiological evidence is currently not strong enough to justify a firm conclusion that such fields cause leukaemia in children."

And how small was this "small risk"? The NRPB estimated that in the United Kingdom the additional risk from power lines meant an extra case of childhood leukaemia every two years, an increase in the annual risk in all UK children from about 1 in 20 000 to 1 in 10 000. In children highly exposed, this would mean an increase from 1 in 1400 to 1 in 700.

So how did the media handle it? On 4 March the *Sunday Times* carried the front page headline "Pylons are cancer risk—official." Britain's Independent Television News thumped its dictionary of quantification rhetoric and came up with the headline "Pylon report reveals 100 000 at risk." On different days the BBC's web page ran "Fresh pylon link to child cancer" and "Watchdog confirms pylon cancer link." The *Sydney Morning Herald* carried the story three days in a row: "First official link

between power lines and cancer;" "Cancer and powerlines: painful questions return with the grief;" and "Powerlines double cancer risk."

Although the NRPB report noted "it has not been possible to detect this increase in the UK," some journalists and headline sub-editors were not fussed by this and used the theoretical estimates to talk dramatically about a "doubling" of the risk.

Other publications played it down, doubtless, if you asked the doomsayers, fresh from secret deals done between their advertising departments and the electricity industry. In the United States the *New York Post* said "Leukemia link to power lines minimal," the *Irish Times* said "Report discounts cancer risk from pylons," and the *Guardian* noted "Leukaemia study finds unexplained home radiation," focusing on the idea that electrical fields in ordinary homes might actually pose greater risk than evil high voltage pylons.

Interviewed by Angela Catterns on Sydney radio on 7 March, Doll was asked, "Can we extrapolate that there is indeed a link between power lines and cancer?" Doll replied firmly, "No we can't, and that is one of the things we say very clearly—that you cannot conclude this. ... That was a report in a newspaper that is not known for the reliability of its scientific reporting. It's not what we said."

Speculative and alarmist reporting is bad enough, but the consequences can be more serious. Cancer agencies in Australia have received many calls from anxious people wanting to know if they should sell their house or have their children "tested." Land and house values may fall around power lines, causing financial grief to perhaps thousands. One angry man cancelled his regular donation, saying that the cancer council had neglected this important issue. Enter "power lines radiation and cancer" in a web search engine, and you can put the kettle on waiting for hundreds of sites to download—all with the same message, that power lines are killing our children. Any scientist who so much as nods in the direction of agreeing with this is a heroic whistleblower, and inconclusive results simply mean scientists aren't looking hard enough to find what we all know to be the case.

Professor D'Arcy Holman from the University of Western Australia calculated that, even assuming a worst case scenario, the UK projections would mean that in Western Australia there would be three extra cases and one extra death from childhood leukaemia every 50 years. By comparison, there are an estimated three childhood deaths every year in the state from asthma and lower respiratory illness caused by passive smoking and about 10 childhood deaths every year from drowning, including those in unfenced residential pools. Would that these could get such headlines.

Simon Chapman professor of public health, University of Sydney, Australia



"Can Johnny come out to die"

PRIVATE EYE

PERSONAL VIEW

When a doctor is suspended so is family life

When I saw the case of the Bristol paediatric surgeons, whose names were removed from the register after the deaths of several babies, reported on television I thought nothing of it. It was just another piece of news. I am ashamed to say that if I did react I probably thought "bad surgeons got by good anaesthetist." I certainly did not think about the feelings of the surgeons and their families at the time, nor that such a situation was ever likely to happen to me.

Then, of course, it did. When it all started, three years ago, my parents concealed the facts from me. This was a selfless act, as I was sitting important exams at the time.

I continued in blissful ignorance for six months, until, two days before Christmas, I received a frantic telephone call from my father, who warned me that "there might be some people asking questions." Shortly after the conversation I went out—I had intended to deliver a Christmas present to a friend.

Sitting in a small car at the top of the drive were two men, who turned out to be a reporter and a cameraman. The camera lens was poking out of the window, and one of the men, for whom I conceived an instant antipathy, thought nothing of asking a teenager if her father was inside. I was absolutely terrified, and reporters still have that effect on me.

I immediately rejected plans to become a journalist, and hid, shaking around the corner, until our next door neighbour appeared in her car, and took me back to her house. It turned out that the aggressive behaviour of the reporters was an offence, and after they came knocking angrily on the same neighbour's door, again demanding to know the whereabouts of my father, she had them moved on by the police.

When I got home, my parents explained the situation, and I was shocked. I felt betrayed that they had not confided in me beforehand, until I remembered the intense fear I had experienced when confronted by the reporters. The next day my father was in all sorts of newspapers—from broadsheets to tabloids. One of my less tactful friends rang me, and painstakingly read out the articles.

This was one of the many facets of the injustice against my father. When I went to school the next day, I could feel everyone staring, yet no one approached or spoke to

me. It was as if overnight I had become a pariah, something unclean. Teachers took the opposite line, were overly solicitous, and I was subjected to regular counselling sessions from well meaning amateurs from then on.

The fact that my father was a doctor had never previously had any meaning for me, as my mother is also a doctor and there is a strong medical tradition on both sides of the family. However, the more people slated my father, the more proud I became of him, and the more convinced I was that he was innocent, and that his suspension was a waste of NHS resources. After all, he was trained to perform surgery, not sit in an office.

At home, I watched my mother becoming increasingly stressed and unhappy as she began to confide in me, and I regularly experience the distressing situation of my mother reaching out for help and crying in front of me. It is a strange thing, but I find it difficult to comfort her in any way. The role reversal leaves me paralysed.

As for my father, he has become extremely depressed, to the point of threatening suicide. However, the suspension has had far more serious effects—it seems to have caused memory loss, and he finds it impossible to maintain concentration for longer than a very short period. My father is the most intelligent, well educated person I know, but his suspension has gradually worn away his self confidence.

The whole family suffers from paranoia—we all feel that people look and talk about us when they do not, and none of us bears the burden of our supposed "shame" lightly. As a result, we have become very insular, and my parents in particular have found it difficult to form lasting friendships, or indeed temporary acquaintance-ships. I feel unable to discuss my home life with any of my friends, and have had to endure situations where friends' parents have been openly derogatory or have immediately assumed that my father must be guilty, making it difficult for me to socialise.

For this reason most of all, suspensions must be short and justice served quickly before the doctors' and their families' lives are damaged beyond repair. I have lived with my father's suspension for three years, and unquestionably it has affected my life, to say nothing of my family. I believe that we could leave our home and in one year lose contact with everyone we ever knew—leaving us intellectually and socially the poorer. I cannot believe that it is our personalities which are responsible, when I know it is the stigma attached to our name.

Suspensions must be short and justice served quickly

SOUNDINGS

Such gratitude

Termination of pregnancy remains unavailable in Northern Ireland and it seems to be the only issue on which all political parties agree. This is a commendable moral stance and the fact that 2000 young women travel to Britain every year for a termination is surely an acceptable if unfortunate by-product.

A few years ago I saw a young couple, home on holidays, who were considering a termination. We discussed the pro and cons, and eventually they decided they wanted to proceed with the termination and asked me to make the appointment. But as they were leaving, the girl turned to me and said, "Doctor, what would your advice be?"

Giving advice in an area like this is difficult; every case is so different, every individual so complex. I was inclined at first to be non-directional, to reflect the question back, "What do you think yourself?"

But this time, for some reason, I did give advice, a human, emotional response. They seemed a mature couple, I said, with a good and stable relationship, well fit to give a child a good home. I had seen many similar cases in my time, and I'd never seen a parent regret going ahead with a pregnancy. In nine months, I said, you will look at this little baby and wonder how you ever lived without it.

That's not very scientific, I was thinking even as the words were coming out. What about the real chances of a difficult pregnancy, a horrendous labour, a handicapped baby, postnatal depression, rejection by their families, financial hardship? It won't be my problem, I won't be left holding the baby (so to speak), words are cheap.

I was speaking from the heart, but the heart has made a fool of me many times before.

They left and I heard no more. I didn't know the outcome and had forgotten all about them until, last week, they arrived back at the surgery.

"There is someone we'd like you to meet," they said, and a little toddler rushed into the room. I lifted him in my arms, and he was bubbling with laughter, the life force dazzling, a golden, shining child, all the freshness of an early world. At least I've done some good in my life, I thought, committing the instantly punishable sin of hubris.

"By the way, he's been a bit sick the last few days," said the proud mother, as the kid vomited generously over me.

Liam Farrell general practitioner, Crossmaglen, County Armagh

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